

# [Your Business Name]

[Business address, City, State – PIN]  
GSTIN: [Your GSTIN] Phone: [ ] Email: [ ]

# PURCHASE ORDER

PO No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Delivery Date: \_\_\_\_\_

## VENDOR / SUPPLIER

[Name]  
[Address, City, State]  
GSTIN: [ ]  
Ship To: [ ]

S.No	Item / Description	HSN/SAC	Qty	Rate	Taxable	GST %	GST Amt	Amount
1								
2								
3								
4								
5								
6								
7								
8								

Taxable Value ₹ \_\_\_\_\_

CGST ₹ \_\_\_\_\_

SGST ₹ \_\_\_\_\_

**Grand Total** ₹ \_\_\_\_\_

For inter-state sales, replace CGST + SGST with a single IGST line.

Terms & Conditions: [ ]

For [Your Business Name] — Authorised Signatory